

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03105

Reg. Dist. No.

265

## 1. PLACE OF DEATH:

County Somerset  
 City or town Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Life  
 Hospital, institution, or street address where death occurred:  
Mc Donough Memorial  
 How long in hospital or institution? 6 to 10 days

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 215 N. 1st St  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war World War II

## 3. (a) FULL NAME

Stelen Louise Campbell

## 3. (b) Social Security Number

4. Sex Female 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife Robert Lee  
 7. Birth date of deceased (mo., day, yr.) December 9 1916 6.(c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 31 Months 2 Days 27 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 19 48 at 1:10 P. M.  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 2 19 48 to March 7 19 48 and that I last saw him alive on March 2 19 48  
 Immediate cause of death Brain Injury

## DURATION

5 1/2 days

Due to Head Injury from auto accident 5 1/2 days  
 Due to \_\_\_\_\_  
 Other conditions \_\_\_\_\_

(Include pregnancy within 3 months of death)

Major findings of operations Increased subdural  
Spinal fluid Date of op. March 2, 1948

## Autopsy results.

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide accident Date of March 2 1948  
 Where did injury occur? Kingston Somerset Md.  
 (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?) State Road - Kingston  
 Means of injury Auto accident Injured at work? yes

23. SIGNATURE Sarah M. Payton md M. D. or other  
 Address Crisfield, Md Date signed March 10

9. Birthplace Crisfield Md (Town, county, and state)  
 10. Usual occupation Nurse  
 11. Industry or business State Board of Health of Md  
 12. Name Norman R. Adams  
 13. Birthplace Crisfield, Md.  
 14. Maiden name Grace M. Nelson  
 15. Birthplace Crisfield, Md  
 16. Informant Grace M. Adams  
 Address 215 N. 1st St  
 17. Burial Date thereof Mar 10, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Sunny Ridge  
 Location Crisfield  
 18. Funeral director Hubert J. Conington  
 Address Crisfield, Md  
 19. 3/16 19 48 Janice E. Spies  
 (Date rec'd by registrar) Registrar

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 18 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 561

### 1. PLACE OF DEATH:

County Somerset  
City or town Murresco, Md.  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? Life  
Hospital, institution, or street address where death occurred:  
How long in hospital or institution?

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
State Maryland County Somerset  
City or town Murresco Md.  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

### 3. (a) FULL NAME

Nathan S. Conner

### 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married  
6.(b) Name of husband or wife Mamie G. Conner 6.(c) If alive, give age 63 years  
7. Birth date of deceased (mo., day, year) February 20-1877  
8. AGE: Years 69 Months 0 Days 20 If less than one day  
hrs. min.

9. Birthplace Maryland Somerset Md.  
(Town, county, and state)  
10. Usual occupation Clerk (Fica & Coffee Co.)

### 11. Industry or business

12. Name Nathan S. Conner Sr.  
13. Birthplace Maryland  
14. Maiden name Eliza Whittington  
15. Birthplace Maryland

16. Informant Mrs. Mamie G. Conner  
Address Murresco, Md.

17. Burial (Burial, cremation, or removal, Which?) Burial Date thereof Mar 16-1948  
(month) (day) (year)  
Cemetery or crematorium Redeemed Baptist Ch  
Location Pocomoke Md  
18. Funeral director Henry H. Vinton  
Address Pocomoke Md.

19. Mar 15th 1948  
(Date rec'd by registrar) Jellie Hayden Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH March 13, 1948 2:15 P.M.  
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 47 1947 to Mar 13, 1948  
and that I last saw him alive on March 12, 1948

Immediate cause of death acute dilatation of heart, uremia

Due to Chronic Nephritis 1 year  
nephritis  
Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations Date of op.

Autopsy results  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
Means of injury Injured at work?

23. SIGNATURE George E. Callahan Jr. M. D. or other  
Address Frederick, Md. Date signed May 13, 1948

MARGIN RESERVED FOR BINDING

9-45-15M

VS A13

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED  
MAR 20 1948  
BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County SomersetCity or town Lansfield  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

George A. Wavis

4. Sex

Male

5. Color or race

White

6. (a) Single, married, widowed, or divorced

Married6. (b) Name of husband Henrietta L.

7. Birth date of

deceased (mo., day, yr.)

April 8, 18726. (c) If alive, give age 73 years

8. AGE:

Years

Months

Days

If less than one day

751118

hrs.

min.

9. Birthplace

Somerset, Md.

(Town, county, and state)

10. Usual occupation

Bridge Tender

11. Industry or business

City of Lansfield

FATHER

12. Name

John Wavis

13. Birthplace

Md.

MOTHER

14. Maiden name

Mary E. Evans

15. Birthplace

Md.

16. Informant

Henrietta L. Wavis

Address

Lansfield, Md.

17.

(Burial, cremation, or removal, Which?)

Date thereof

3/29/48  
(month) (day) (year)

Cemetery or crematory

Sunny Ridge

Location

Lansfield

18. Funeral director

Hubert S. Livingston

Address

306 Main St., Lansfield, Md.

19.

(Date rec'd by registrar)

Mar. 27, 1948Janis E. Spies

Registrar

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State

Maryland

County

Somerset

City or town

Lansfield

(If outside city or town limits, write RURAL and give nearest town)

Street No.

Lansfield Ave.

(If rural, give LOCATION)

2. (a) If veteran, name war

None

## 3. (b) Social Security Number

## MEDICAL CERTIFICATION

20. DATE OF DEATH

March 26, 1948

at

3:14 p.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

March 24, 1948

to

March 26, 1948

and that I last saw him alive on

March 26, 1948

Immediate cause of death

Cerebral hemorrhage  
Hemiplegia, left

DURATION

39 hours  
39 hours

Due to

Due to

Other conditions

Hypertensive cardio-vascular disease

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?)

Means of injury

Injured at work?

23. SIGNATURE

C. H. RawleyMd.

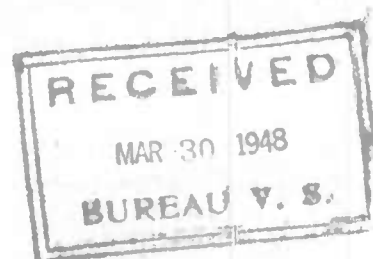
Address

Crisfield, Md.

Date signed

3/27/48

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03108

Reg. Dist. No. 260

## 1. PLACE OF DEATH:

County Somerset  
 City or town Westover - Md  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? General home  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 3. (a) FULL NAME

David Thomas Duncan

## 3. (b) Social Security Number

Sex Male Color of race White 6. (a) Single, married, widowed, or divorced Married

6. (b) Name of husband or wife Doris Duncan7. Birth date of deceased (mo., day, yr.) July 23 1920 6. (c) If alive, give age 27 years8. AGE: Years 27 Months 8 Days 8 If less than one day hrs. min.9. Birthplace Loretta Somerset Md.  
(Town, county, and state)10. Usual occupation painter

11. Industry or business

12. Name Robert Duncan13. Birthplace London, England14. Maiden name Maude Ingersoll15. Birthplace Loretta, Somerset Co. Md.16. Informant Robert DuncanPost office Princess Anne Loretta, Md.Burial Burial Date thereof 3-23-48

(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory EpiscopalLocation Princess Anne, Md.18. Funeral director Dale DoshiehlAddress Princess Anne, Md.19. 3/22 19 48 R. J. Johnson Registrar

(Date rec'd by registrar)

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

For newborn infants give residence of mother  
 State Maryland County Somerset  
 City or town Eden  
 (If outside city or town limits, write RURAL and give nearest town)

Street No. (If rural, give LOCATION)

2. (a) If veteran, name war Kang - World War #2

## MEDICAL CERTIFICATION

2D. DATE OF DEATH March 21 1948 at 1:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

19... lo 19...

and that I last saw h... alive on 19...

Immediate cause of death

Gun shotwound upperChest - Hemorrhageshot

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Homicide Date of March 21 1948Where did injury occur? Westover, Somerset Co. Maryland  
(City or town) (County) (State)Injured at home, farm, industry, public place (where?) Kay's Tavern (4/26/48 dec)Means of injury Revolver Injured at work?23. SIGNATURE W. H. Connelley M. D. or otherAddress Cressfield Md Date 3/21/48

22 July 20

RECEIVED  
MAR 23 1948  
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03109  
Reg. Dist. No. 266

## 1. PLACE OF DEATH:

County Somerset  
 City or town Rhodes Point, Smith's Island  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? Lifetime  
 Hospital, institution, or street address where death occurred:  
Rhodes Pt., Smith's Isl., Md.  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Md. County Somerset  
 City or town Rhodes Point, Smith's Isl.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2. (a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Mary Anna Evans

## 3. (b) Social Security Number

4. Sex F. 5. Color or race W. 6. (a) Single, married, widowed, or divorced Widowed

6. (b) Name of husband or wife William Thomas Evans  
Dead 6. (c) If alive, give age \_\_\_\_\_ years

7. Birth date of deceased (mo., day, yr.) August 2nd, 1874

8. AGE: Years 73 Months 7 Days 22 If less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Rhodes Point, Somerset, Md.  
 (Town, county, and State)

10. Usual occupation Housewife

11. Industry or business Housekeeping

FATHER 12. Name William Harrison Bradshaw

13. Birthplace Hollands Isl. Md.

MOTHER 14. Maiden name Miranda Evans

15. Birthplace Smith's Island, Md.

16. Informant Maggie Dora Marsh, Daughter  
 Address Rhodes Pt. Md.

17. Burial Date thereof March 26 / 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Cemetery

Location Rhodes Point Md

18. Funeral director Harvey Bradshaw

Address Crusfield Md

19. Mch 24 1948 Carie Kitching  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 24th 1948 at 11.30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1947, to March 24th, 1948  
 and that I last saw him alive on March 22nd, 1948

Immediate cause of death Arterio-sclerotic heart disease DURATION Unknown

Due to General Arterio-sclerosis Unknown

Due to \_\_\_\_\_

Other conditions Fractured left hip 1 year

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_ Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State) \_\_\_\_\_

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Merritt G. Chambers M.D. M. D. or other

Ewell, Md. Address \_\_\_\_\_ Date signed 3/25/48

RECEIVED

MAY 5 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03110

Reg. Dist. No.

265

### 1. PLACE OF DEATH:

County... **Somerset**  
City or town... **Crisfield**  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? **22 years**  
Hospital, institution, or street address where death occurred:  
**McCreedy Hospital**  
How long in hospital or institution? **1 day**

### 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State... **Maryland** County...  
City or town... **Crisfield**  
(If outside city or town limits, write RURAL and give nearest town)  
Street No. **221 N. First St.**  
(If rural, give LOCATION)  
2.(a) If veteran, name war... **\*\*\*\*\***

### 3. (a) FULL NAME

**GRACE BLAKE LANDON**

### 3. (b) Social Security Number

4. Sex **Female** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**  
6.(b) Name of husband or wife **Edwin C. Landon**  
7. Birth date of deceased (mo., day, yr.) **November 3, 1905** 8.(c) If alive, give age **39** years  
8. AGE: Years **42** Months **4** Days **17** It less than one day  
.....hrs. ....min.

9. Birthplace... **Fairmount-Somerset-Md.**  
(Town, county, and state)  
10. Usual occupation... **Textile Worker**  
11. Industry or business **Garment**  
12. Name... **James Blake**  
13. Birthplace... **Somerset Co., Md.) By**  
14. Maiden name... **Margaret ?** Adoption  
15. Birthplace... **Somerset Co., Md.)**  
16. Informant... **Edwin C. Landon**  
Address... **Crisfield, Md.**  
17. Burial Date thereof **March 22, 1948**  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory... **Sunny Ridge Mem. Park**  
Location... **Hopewell, Crisfield, Md.**  
18. Funeral director... **H. Harvey Bradshaw**  
Address... **Crisfield, Md.**

19. **March 21, 1948** **Nellie Dwyer**  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH... **March 20<sup>th</sup> 1948** at **4:00 A.**  
21. I CERTIFY that death occurred on the date above stated: that I attended deceased from  
**January 1948** to **May 20, 1948**  
and that I last saw him alive on **March 19, 1948**  
Immediate cause of death... **Acute dilatation of heart** DURATION  
Due to... **Cerebral metastasis**  
Due to... **Carcinoma of Uterus & ovary & glands**  
Other conditions...  
(Include pregnancy within 3 months of death)

Major findings of operations... Date of op. ....

Autopsy results...  
PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
Accident, suicide, or homicide... Date of...  
Where did injury occur? (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?)  
Manner of injury Injured at work?

23. SIGNATURE **George E. Bullman MD** M. D. or other  
Address... **Marian, Md.** Date signed... **3/21/48**

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 27 1948

BUREAU V. B.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 260

## 1. PLACE OF DEATH:

County Somerset  
 City or town Princess Anne  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 1 year  
 Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Somerset  
 City or town Princess Anne  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. \_\_\_\_\_  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Rose Ann Lee

## 3. (b) Social Security Number

none

4. Sex 5. Color or race 6.(a) Single, married, widowed, or divorced

Female white widow6.(b) Name of husband or wife Samuel Lee

7. Birth date of deceased (mo., day, yr.)

Oct. 19, 1866

6.(c) If alive, give age \_\_\_\_\_ years

8. AGE:

Years

Months

Days

If less than one day

81511

hrs.

min.

9. Birthplace Oswalt Whistle, Lanshire  
(Town, county, state)10. Usual occupation Homesick

11. Industry or business

FATHER

12. Name

13. Birthplace

MOTHER

14. Maiden name

15. Birthplace

16. Informant Mrs. Morris V. FitzmauriceAddress Westover Md17. Burial  
(Burial, cremation, or removal. Which?)Date thereof Apr. 3, 1948  
(month) (day) (year)Cemetery or crematory Greensboro CemeteryLocation Greensboro, Ind.18. Funeral director Dale DashiellAddress P.R. Anne, Md.19. 3/30  
(Date rec'd by registrar)

19

48R. 2Johanna M. D.g.d.

Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 30 1948, at 6:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 18 1948 to March 25 1948  
 and that I last saw him alive on March 25 1948

Immediate cause of death Coronary  
atherosclerosis

DURATION

1 week

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions Pneumonia

(Include pregnancy within 3 months of death)

Major findings of operations \_\_\_\_\_

Date of op. \_\_\_\_\_

Autopsy results \_\_\_\_\_

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_

Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of Injury \_\_\_\_\_ Injured at work? \_\_\_\_\_

23. SIGNATURE Frank L. Jones MD

M. D. or other

Address Princess Anne Date signed 3/30/48

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 31 1948

BUREAU V. S.

# MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03112

Reg. Dist. No.

266

1. PLACE OF DEATH:  
County.....Somerset  
City or town.....Tylerton  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death?.....Lifetime  
Hospital, institution, or street address where death occurred:  
Rural  
How long in hospital or institution.....\*\*\*\*\*

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State.....Maryland County.....Somerset  
City or town.....Tylerton  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.....None  
(If rural, give LOCATION)  
2.(a) If veteran, name war.....\*\*\*\*\*

### 3. (a) FULL NAME

JESSE J. MARSH

### 3. (b) Social Security Number

4. Sex.....Male  
5. Color or race.....White  
6.(a) Single, married, widowed, or divorced.....Married  
6.(b) Name of husband or wife.....Venie Marsh  
6.(c) If alive, give age.....70 years  
7. Birth date of deceased (mo., day, yr.).....1873 (date unknown)  
8. AGE: Years.....75 Months..... Days..... If less than one day..... hrs. .... min.

9. Birthplace.....Tylerton-Somerset-Md.  
(Town, county, and state)  
10. Usual occupation.....Waterman  
11. Industry or business.....Seafood  
12. Name.....Benjamin F. Marsh  
13. Birthplace.....Smith Island, Md.  
14. Maiden name.....Shadie J. Evans  
15. Birthplace.....Ewell, Md.  
16. Informant.....Mrs. Shadie J. Marsh  
Address.....Tylerton, Md.  
17. Burial Date thereof.....March 24, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)  
Cemetery or crematory.....Union Methodist  
Location.....Tylerton, Md.  
18. Funeral director.....H. Harvey Bradshaw  
Address.....Crisfield, Md.

19. Mar 24 '48 1948 Carrie Kitching  
(Date rec'd by registrar) Registrar

### MEDICAL CERTIFICATION

20. DATE OF DEATH.....March 21st, 1948, at 12:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from  
July 21, 1947 to March 21, 1948  
and that I last saw him alive on March 21, 1948

Immediate cause of death.....Arterio-sclerotic heart disease with decompensation

### DURATION

9 mos.

Due to.....  
Due to.....  
Other conditions.....  
(Include pregnancy within 3 months of death)

Major findings of operations.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....  
Where did injury occur?..... (City or town) (County) (State)  
Injured at home, farm, industry, public place (where?).....  
Means of injury..... Injured at work?.....

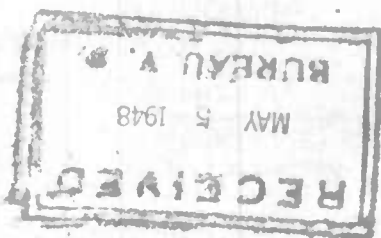
23. SIGNATURE.....Merritt G. Chambers  
M. D. or other.....  
Address.....Ewell, Md. Date signed.....3/24/48

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



owing to illness in family and being called  
away these are late

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County Somerset  
 City or town Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 17 years  
 Hospital, institution, or street address where death occurred:  
204 First St.  
 How long in hospital or institution? \*\*\*\*\*

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State Maryland County Somerset  
 City or town Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 204 First St.  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \*\*\*\*\*

## 3. (a) FULL NAME

SEVERN E. MASON

## 3. (b) Social Security Number

4. Sex <u>Male</u>	5. Color or race <u>White</u>	6.(a) Single, married, widowed, or divorced <u>Married</u>
6.(b) Name of husband or wife <u>Margaret Mason</u>		
7. Birth date of deceased (mo., day, yr.) <u>October 6, 1880</u>		
8. AGE: Years Months Days If less than one day <u>67</u> <u>3</u> <u>27</u> hrs. min.		
9. Birthplace <u>Wingate-Dorchester-Md.</u> (Town, county, and state)		
10. Usual occupation <u>Seafood Dealer-Trucker</u>		
11. Industry or business <u>Seafood</u>		
FATHER	12. Name <u>Severn Mason</u>	
	13. Birthplace <u>Dorchester Co., Md.</u>	
MOTHER	14. Maiden name <u>Jane Wroten</u>	
	15. Birthplace <u>Dorchester Co., Md.</u>	
16. Informant <u>Calvin T. Mason</u> <u>Crisfield, Md.</u> Address		
17. Burial Date thereof <u>March 5, 1948</u> (Burial, cremation, or removal. Which?) (month) (day) (year) <u>Toddville Cemetery</u> Cemetery or crematory <u>Crano RFD, Cambridge, Md.</u> Location		
18. Funeral director <u>H. Harvey Bradshaw</u> <u>Crisfield, Md.</u> Address		
19. <u>March 4, 1948</u> <u>James E. Spivey</u> (Date rec'd by registrar) Registrar		

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 3rd 1948 4:45A M

21. CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 47 to March 2, 1948 and that I last saw him on March 2, 1948

Immediate cause of death Chronic Interst. Nephritis DURATION

Baronay Thrombosis  
Due to

acute bacterial  
Due to infection

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Autopsy results no

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Natural Cause  
 Where did injury occur? (City or town) (County) (State)  
 Injured at home, farm, industry, public place (where?)  
 Means of injury Injured at work?  
Wm H. Haulborn, M.D.  
 23. SIGNATURE Crisfield Md M.D. or other  
 Address March 4-48 Date

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 9 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County Somerset  
 City or town Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
Minutes  
 How long in above place of death  
 Hospital, institution, or street address where death occurred:  
McCreedy Hospital  
Minutes  
 How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Somerset  
 City or town Rural, Marion  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Brinkley's District  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \*\*\*\*\*

## 3. (a) FULL NAME

GEORGE HENRY MASSEY, SR.

## 3. (b) Social Security Number

\*\*\*\*\*

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Married

6.(b) Name of husband or wife Julia Evans Massey

7. Birth date of deceased (mo., day, yr.) April 30, 1867 6.(c) If alive, give age 72 years

8. AGE: Year 80 Months 10 Days 10 It less than one day hrs. min.

9. Birthplace Berlin-Worcester-Md.  
 (Town, county, and state)

10. Usual occupation Farmer-Waterman11. Industry or business Produce-Seafood12. Name John Massey13. Birthplace Berlin, Md.14. Maiden name Deborah Holland15. Birthplace Berlin, Md.16. Informant Weldon H. MasseyAddress Crisfield, Md.

17. Burial Date thereof March 12, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory St. Paul's CemeteryLocation Rural, Marion, Md.18. Funeral director H. Harvey BradshawAddress Crisfield, Md.

19. Mar 14, 48 Nellie Dwyer  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 10<sup>th</sup> 1948 at 10:30 A

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 4<sup>th</sup> 1948 to Mar 7, 1948  
 and that I last saw him alive on Mar 7, 1948

Immediate cause of death Coronary Occlusion DURATION 2 hrs

Due to Chronic myocarditis Years  
Chronic dist. nephritis  
General arteriosclerosis

Other conditions

(Include pregnancy within 3 months of death)

Major findings of operations

Date of op.

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George E. Chaulburn M.D. M. D. or other

Address Marion, Md. Date signed Mar 14, 1948

RECEIVED

MAR 20 1948

BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

131a

03115

Reg. Dist. No.

265

## 1. PLACE OF DEATH:

County Somerset  
 City or town Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? 10 months  
 Hospital, institution, or street address where death occurred:  
McCreedy Hospital  
 How long in hospital or institution? 10 months

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)  
 State Maryland County Somerset  
 City or town Marion, Md.  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. Rural  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war \*\*\*\*\*

## 3. (a) FULL NAME

SOUTHEY F. MILES

## 3. (b) Social Security Number

\*\*\*\*\*

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Widowed  
 6.(b) Name of husband or wife Mollie B. Miles  
Deceased 6.(c) If alive, give age ..... years  
 7. Birth date of deceased (mo., day, yr.) February 5, 1861  
 8. AGE: Years 87 Months 1 Days 0 It less than one day ..... hrs. .... min.

9. Birthplace Marion-Somerset-Md.  
 (Town, county, and state)  
 10. Usual occupation Retired Farmer  
 11. Industry or business Produce  
 12. Name Southey F. Miles  
 13. Birthplace Marion, Md.  
 14. Maiden name Christina Roach  
 15. Birthplace Marion, Md. (Rural)

16. Informant Southey F. Miles  
 Address Baltimore, Md.  
 17. Burial, cremation, or removal (month) (day) (year)  
Burial Date thereof March 7, 1948  
 Cemetery or crematory St. Pauls Cemetery  
 Location Marion, Md. (Rural)  
 18. Funeral director Howard Gill/Harvey Bradshaw  
 Address Pocomoke/Crisfield, Md.

19. Mar. 11<sup>th</sup> 48. 19 48. Nellie Dryden  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 5<sup>th</sup> 1948 at 3:00 P  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased March 5<sup>th</sup> 1948  
 and that I last saw him alive on March 5<sup>th</sup> 1948

Immediate cause of death Coronary Occlusion  
 Due to Chronic Myocarditis  
Chronic Nephritis  
 Due to + General Arteriosclerosis  
 Other conditions .....  
 (Include pregnancy within 3 months of death)

Major findings of operations ..... Date of op. ....  
 Autopsy results .....  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide ..... Date of .....  
 Where did injury occur? ..... (City or town) ..... (County) ..... (State) .....  
 Injured at home, farm, industry, public place (where?) .....  
 Means of injury ..... Injured at work? .....  
 23. SIGNATURE Eugene B. Gullman, M.D.  
 Address Marion, Md. Date signed 3/11/48

RECEIVED

MAR 18 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: Somerset  
County... Marion Sta., Md.  
City or town... Marion  
(If outside city or town limits, write RURAL and give nearest town)  
How long in above place of death? 73 yrs.  
Hospital, institution, or street address where death occurred:  
Griffith Hospital  
How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)  
State... Maryland County... Somerset  
City or town... Marion  
(If outside city or town limits, write RURAL and give nearest town)  
Street No.  
(If rural, give LOCATION)  
2.(a) If veteran, name war

3. (a) FULL NAME  
Caleb J. Deuten

3. (b) Social Security Number  
214-03-7548

4. Sex Male 5. Color or race Colored 6. (a) Single, married, widowed, or divorced Married  
B. (b) Name of husband or wife Mary J. Deuten  
60 yrs. 6. (c) If alive, give age years  
7. Birth date of deceased (mo., day, yr.) 1875

8. AGE: Years 73 yrs. Months Days If less than one day hrs. min.

9. Birthplace Marion Maryland  
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

12. Name George Deuten

13. Birthplace Marion Sta., Md.

14. Maiden name Harriett Smith

15. Birthplace Doomsday City Md.

16. Informant Harriett Deuten

Address Marion, Md.

17. Buried Date thereof Mar. 14, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Liberty Cemetery

Location Marion, Md.

18. Funeral director Mr. George W. Tilghman

Address Marion Sta., Md.

19. Mar. 10<sup>th</sup> 48 Nellie Dwyer  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH March 9<sup>th</sup> 1948 at 12:30 P

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 25<sup>th</sup> 1948 to Mar. 9<sup>th</sup> 1948  
and that I last saw him alive on March 9<sup>th</sup> 1948

Immediate cause of death Pneumonia  
acute dilatation of heart

Due to Chronic Int Nephritis  
& Chronic myocarditis

Due to

Other conditions Carcinoma of prostate

(Include pregnancy within 8 months of death)

Major findings of operations

Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE George Chubb M.D.

M. D. or other

Address Marion, Md. Date signed 3/11/48

MARGIN RESERVED FOR BINDING

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

RECEIVED

MAR 18 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 2651. PLACE OF DEATH: Somerset

County.....

City or town..... Crisfield, Md.  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:  
McCready Hospital

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State..... Maryland County..... SomersetCity or town..... Crisfield, Md.  
(If outside city or town limits, write RURAL and give nearest town)Street No.....  
(If rural, give LOCATION)

2.(a) If veteran, name war.....

## 3. (a) FULL NAME

Margie M. Sterling

## 3. (b) Social Security Number

4. Sex..... Female 5. Color or race..... White 6.(a) Single, married, widowed, or divorced..... Widow6.(b) Name of husband or wife..... Clarence Sterling

6.(c) If alive, give age..... years

7. Birth date of deceased (mo., day, yr.)..... April 27, 18748. AGE: Years..... 73 Months..... 11 Days..... 2 If less than one day..... hr. .... min.9. Birthplace..... Crisfield, Md.  
(Town, county, and state)..... Housewife

10. Usual occupation.....

## 11. Industry or business

12. Name..... Samuel Lawson13. Birthplace..... Crisfield, Md.14. Maiden name..... Ellen Lawson15. Birthplace..... Crisfield, Md.16. Informant..... William S. SterlingAddress..... Crisfield, Md.17. Burial..... Burial Date thereof..... March 31, 1948  
(Burial, cremation, or removal. Which?) (month) (day) (year)Cemetery or crematory..... AsburyLocation..... Crisfield, Md.18. Funeral director..... Hibbard & CovingtonAddress..... Main St. Crisfield, Md.19. 3/30 19 48 Janice E. Spire  
(Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH..... March 29, 19 48 at 8:25 A.M.21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 7 19 48 to March 27 19 48and that I last saw him/her alive on March 27 19 48Immediate cause of death..... Coronary Thrombosis2 toxic psychosis

Due to.....

Due to.....

Other conditions.....

(Include pregnancy within 3 months of death)

Major findings of operations.....

Date of op.....

Autopsy results.....

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide..... Date of.....

Where did injury occur?..... (City or town) (County) (State)

Injured at home, farm, industry, public place (where?).....

Manner of injury..... Injured at work?

23. SIGNATURE..... Samuel M. Payton M.D. M. D. or otherAddress..... Crisfield, Md. Date signed..... March 30

MARGIN RESERVED FOR BINDING

VS A15

9-45-15M

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

Mr. Peyton

RECEIVED

APR 6 1948

BUREAU V. S.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

03118

Reg. Dist. No. 265

## 1. PLACE OF DEATH:

County SomersetCity or town Crisfield  
(If outside city or town limits, write RURAL and give nearest town)

How long in above place of death?

Hospital, institution, or street address where death occurred:

How long in hospital or institution?

## 2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County SomersetCity or town Crisfield  
(If outside city or town limits, write RURAL and give nearest town)Street No. \_\_\_\_\_  
(If rural, give LOCATION)

2.(a) If veteran, name war \_\_\_\_\_

## 3. (a) FULL NAME

Robert Thomas

## 3. (b) Social Security Number

## 4. Sex

M.

## 5. Color or race

Col.

## 6. (a) Single, married, widowed, or divorced

Married6. (b) Name of ~~husband~~ or wifeJoanna Thomas

## 7. Birth date of

deceased (mo., day, yr.)

Oct. 3, 1878

## 6. (c) If alive, give age \_\_\_\_\_ years

56

## 8. AGE:

Years

Months

Days

If less than one day

69511

hrs.

min.

## 9. Birthplace

Fairmount, Md.  
(Town, county, and state)

## 10. Usual occupation

Laborer

## 11. Industry or business

FATHER  
MOTHER

## 12. Name

Samuel Thomas

## 13. Birthplace

Fairmount, Md.

## 14. Maiden name

Catherine Phillips

## 15. Birthplace

Fairmount, Md.

## 16. Informant

Joanna Thomas

## Address

Crisfield, Maryland

## 17. Burial

(Burial, cremation, or removal. Which?)

Date thereof

3 18 48.

## Cemetery or crematory

Asbury

## Location

Lawsoria & Crisfield Md.

## 18. Funeral director

Charles H. Ward

## Address

Marion St., Md.

## 19. March 18, 1948

(Date rec'd by registrar)

Janice E. Spies

Registrar

## MEDICAL CERTIFICATION

## 20. DATE OF DEATH

March 13, 1948at 11:56 M

## 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from

Feb. 1,1948to March 13, 1948

and that I last saw him alive on

March 13, 1948

## Immediate cause of death

acute dilatation of heart

## DURATION

6 hrs.

## Due to

Hemiplegia left2 yr.

## Due to

Chronic myocarditis

## Other conditions

due to probably  
complications of senility  
(Include pregnancy within 8 months of death)

## Major findings of operations

None

Date of op. \_\_\_\_\_

## Autopsy results

PHYSICIAN: Please underline the cause to which death should be charged statistically.

## 22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide

Date of \_\_\_\_\_

Where did injury occur?

(City or town)

(County)

(State)

Injured at home, farm, industry, public place (where?) \_\_\_\_\_

Means of injury \_\_\_\_\_

Injured at work? \_\_\_\_\_

## 23. SIGNATURE

C. G. Rawley M.D.

M. D. or other

Address

Crisfield Md.

Date signed

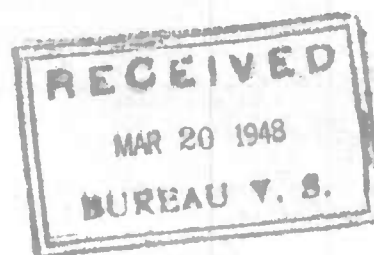
3/18

MARGIN RESERVED FOR BINDING

VS A15 9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.



## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03119

## CERTIFICATE OF DEATH

Reg. Dist. No. 361

## 1. PLACE OF DEATH:

County... **Somerset**  
 City or town... **Marion Station**  
 (If outside city or town limits, write RURAL and give nearest town)  
**37 years**  
 How long in above place of death?  
 Hospital, institution, or street address where death occurred:  
**Rural, Marion Station**  
 How long in hospital or institution? \*\*\*\*\*

2. USUAL RESIDENCE (HOME) OF DECEASED:  
(For newborn infants give residence of mother)

State... **Maryland** County... **Somerset**  
 City or town... **Marion Station**  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No... **Rural**  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war...

## 3. (a) FULL NAME

**ROSE TYLER WHITTINGTON**

## 3. (b) Social Security Number

4. Sex **Female** 5. Color or race **White** 6.(a) Single, married, widowed, or divorced **Married**  
 6.(b) Name of husband or wife **Austin L. Whittington**  
 6.(c) If alive, give age **61** years  
 7. Birth date of deceased (mo., day, yr.) **May 30, 1890**

8. AGE: Years **57** Months **9** Days **7** If less than one day  
 hrs. min.

9. Birthplace... **Smith Island-Somerset-Md.**  
 (Town, county, and state)

10. Usual occupation... **Housewife**

11. Industry or business **Home**

12. Name **Cooper Tyler**  
 13. Birthplace **Smith Island, Md.**

14. Maiden name **Tina Ballard**  
 15. Birthplace **Smith Island, Md.**

16. Informant... **Anna Rose Brown**  
 Address **Marion Station, Md.**

17. Burial Date thereof **March 10, 1948**  
 (Burial, cremation, or removal, Which?) (month) (day) (year)  
 Cemetery or crematory **St. Pauls Cemetery**  
 Location **Rural, Marion Station, Md.**

18. Funeral director... **H. Harvey Bradshaw**  
 Address **Crisfield, Md.**

19. **Mar. 11th 48** **Hellie Dryden**  
 (Date rec'd by registrar) Registrar

## MEDICAL CERTIFICATION

20. DATE OF DEATH **March 7th** 19 **48** at **10:40 P**  
 21. I CERTIFY that death occurred on the date above stated; that I attended deceased from **Jan. 46** to **Mar. 7th 48**  
 and that I last saw him alive on **Mar. 6th 48**

Immediate cause of death **Chronic myocarditis**  
**acute dilatation of heart**  
 Due to **Chronic myocarditis**  
 Due to **rephritis**

DURATION

Other conditions  
 (Include pregnancy within 3 months of death)  
 Major findings of operations  
 Date of op.

Autopsy results  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide Date of  
 Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)  
 Means of injury injured at work?

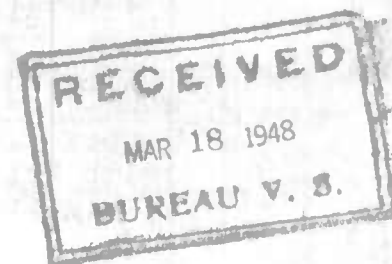
23. SIGNATURE **George Chubbman MD**  
 M. D. or other  
 Address **Marion, Md.** Date signed **3/11/48**

MARGIN RESERVED FOR BINDING

9-45-15M

VS A15

PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly



PLEASE WRITE PLAINLY, WITH UNFADING INK. Supply every item of information carefully. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

## MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

## CERTIFICATE OF DEATH

Reg. Dist. No. 265

1. PLACE OF DEATH: Somerset  
 County Crisfield, Maryland  
 City or town McCready Hospital  
 (If outside city or town limits, write RURAL and give nearest town)  
 How long in above place of death? McCready Hospital  
 Hospital, institution, or street address where death occurred:  
 How long in hospital or institution?

2. USUAL RESIDENCE (HOME) OF DECEASED:  
 (For newborn infants give residence of mother)  
 State Maryland County Somerset  
 City or town Crisfield  
 (If outside city or town limits, write RURAL and give nearest town)  
 Street No. 128 Chesapeake Ave  
 (If rural, give LOCATION)  
 2.(a) If veteran, name war None

## 3. (a) FULL NAME

John Thomas Willett

## 3. (b) Social Security Number

4. Sex Male 5. Color or race White 6.(a) Single, married, widowed, or divorced Divorced  
 6.(b) Name of husband or wife  
 7. Birth date of deceased (mo., day, yr.) Feb. 3, 1871  
 6.(c) If alive, give age \_\_\_\_\_ years  
 8. AGE: Years 77 Months 1 Days 25 It less than one day \_\_\_\_\_ hrs. \_\_\_\_\_ min.

9. Birthplace Accomac Co., Va.  
 (Town, county, and state)  
 10. Usual occupation Retired Waterman

11. Industry or business  
 12. Name Thomas R. Willett  
 13. Birthplace Va.  
 14. Maiden name Reshia Bell  
 15. Birthplace Va.

16. Informant Mrs. Maude Sterling  
 Address Crisfield, Md.

17. Date thereof March 31, 1948  
 (Burial, cremation, or removal. Which?) (month) (day) (year)  
 Cemetery or crematory Sunny Ridge  
Crisfield, Md.  
 Location Hubbard & Covington

18. Funeral director Main St., Crisfield, Md.  
 Address

19. 3/30 48  
 (Date rec'd by registrar) Registrar Janice E. Spivey

## MEDICAL CERTIFICATION

March 28, 1948

20. DATE OF DEATH \_\_\_\_\_ 19\_\_\_\_ at \_\_\_\_\_ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 20 1948 to March 28 1948  
 and that I last saw him alive on March 28 1948

Immediate cause of death Cerebral aneurysm  
of heart

Due to Cerebral aneurysm  
 Due to Cerebral aneurysm

Other conditions Superficial lacerations  
 (Include pregnancy within 3 months of death) None

Major findings of operations Cerebral aneurysm  
March 28, 48 Date of op.

Autopsy results Yes  
 PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:  
 Accident, suicide, or homicide \_\_\_\_\_ Date of \_\_\_\_\_  
 Where did injury occur? \_\_\_\_\_ (City or town) \_\_\_\_\_ (County) \_\_\_\_\_ (State)  
 Injured at home, farm, industry, public place (where?) \_\_\_\_\_  
 Means of injury \_\_\_\_\_ Injured at work?

23. SIGNATURE Janice E. Spivey M.D. or other \_\_\_\_\_  
 Address March 30, 1948 Date signed March 30, 1948

Mr. George Coulbourn

RECEIVED

APR 6 1948

BUREAU V. S.